

IRON COUNTY HOME HEALTH AGENCY
429 WEST 400 SOUTH
CEDAR CITY UT 84720
STATE'S REGION CODE: 001

PROVIDER #: 467012
PHONE NUMBER: (435) 586-3939
PARTICIPATION DATE: 01/01/1969

TYPE ACTION: RECERTIFICATION
TYPE FACILITY: OFFICIAL HEALTH
TYPE OWNERSHIP: VOLUNTARY NON-PROFIT - OTHER

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY 08/1996	PRIOR 2 SURVEY 09/1999	PRIOR 1 SURVEY 08/2001	CURRENT SURVEY 05/27/2004	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
	X			STD	G0107-HHA INVESTIGATION OF COMPLAINTS REGARDING TREATMENT/CARE
	X			STD	G0145-WRITTEN REPORT FOR EACH PATIENT TO ATTENDING PHYSICIAN EV
	X			STD	G0159-PLAN OF CARE COVERS DIAGNOSES, REQUIRED SERVICES, VISITS,
	X			STD	G0172-RN REGULARLY REEVALUATES PATIENT NURSING NEEDS

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT
* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
STANDARD	0	0	4	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	0	0	4	0

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
COP	0	0	0

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
09/06/2001	COMPARATIVE